

**State of Wisconsin
Department of Commerce
Division of Community Development**

Wisconsin Consolidated Plan

CERTIFICATION FORM

This form or a HUD authorized equivalent, should be completed by the local sponsor to obtain certification of consistency with the State of Wisconsin Consolidated Plan. The State Department of Commerce, Division of Community Development will process Certification requests as promptly as possible; however please submit a request as early in the application process as you can.

SEND TO:

**Consolidated Plan Certification
Division of Community Development
Attn: Jeanne Storm
P.O. Box 7970
Madison, WI 53707-7970
PHONE: (608) 264-6110
FAX: (608) 266-5381
TDD: (608) 264-8777**

PART I

- 1) Today's Date: _____
- 2) Due Date of HUD Application: _____
- 3) Name of Sponsor: _____
- 4) Headquarters Address: _____

- 5) Name of Project: _____
- 6) Project Address: _____

- 7) Contact Person & Phone Number: _____

PART II

- 8) **Description Of Project:** *(Describe the project including funding sources, total project budget, total units, type of units and occupant incomes. Attach separate page if necessary.)*

PART III

**Certification of Consistency with
Comprehensive Housing Affordability Strategy or Consolidated Plan**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Comprehensive Housing Affordability Strategy or Consolidated Plan.
(Type or clearly print the following information)

Applicant Name: _____

Project Name: _____

**Name of Federal Program to
which the Applicant is Applying:** _____

For Division of Community Development Use Only:

Name of Public Housing
Agency Jurisdiction: State of Wisconsin

Certifying Name and Title of
Jurisdiction's Consolidated Plan
Official: James O'Keefe, Administrator
Division of Community Development
Department of Commerce

DCD Approval Date: _____

DCD Approval Signature: _____